

**DEPARTMENT OF CONSUMER AFFAIRS****Bureau of Home Furnishings and Thermal Insulation**

POST OFFICE BOX 980580, WEST SACRAMENTO, CA 95798-0580

(916) 574-0280 FAX (916) 574-2043

[www.bhfti.ca.gov](http://www.bhfti.ca.gov)***APPLICATION FOR LICENSE - GENERAL INFORMATION***

**It shall be unlawful for any person to engage in a business regulated by the Home Furnishings and Thermal Insulation Act (Act) unless, at the time of doing so, he/she holds a valid license to engage in that business** (Business and Professions Code Section 19049). The Act applies to upholstered furniture, bedding, and filling material sold or offered for sale in California regardless of point of origin (Section 19070). To obtain a license, an applicant shall submit a completed application (Section 19050) with an **original signature**. ***The application shall be made on the following Application for License form and shall be submitted to the BHFTI Licensing Unit along with the appropriate fee.***

**Applications and Fees sent by courier must be delivered to 1625 North Market Blvd., Suite S100, Sacramento, CA 95834.**

**It is mandatory that you complete this application with all information that pertains to you and your business.** Omission of any item of requested information would result in a delay of the application process and issuance of a license.

The information on this application is required pursuant to California Business and Professions Code sections 19049 and 19050. The information provided will be used to determine qualifications for licensure as provided by Chapter 3 of Division 8 of the Business and Professions Code. The information may be transferred to other governmental and enforcement agencies, or provided in response to a court order or subpoena. You have a right of access to records containing personal information about you maintained by the Department of Consumer Affairs, unless the records are exempted from disclosure by Section 1798.40 of the California Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Public Records Request Coordinator at the following address and telephone number P.O. Box 980580, West Sacramento, CA 95798-0580 or (916) 574-2041.

**Every person who is subject to licensure shall obtain a separate license for each business location.** Anyone whose manufacturing plant is located in another state or foreign country, and who is licensed to manufacture upholstered furniture or bedding or filling material for sale in California, may have one wholesale outlet operated in the same name in California, covered by the license issued to the factory (Section 19060).

**Every person who, on his or her own account, sells either directly or indirectly** to any person either at wholesale or retail any merchandise subject to the Act by means of a car, catalog, office or in any other manner, shall obtain the proper license for each method of sale or distribution (Section 19060.5).

**Disclosure of the applicant's Social Security number (SSN) and federal employer identification numbers (FEIN) if you are a sole proprietorship or partnership is mandatory.** Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C)) authorizes collection of your SSN and FEIN. Your SSN or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order of family support in accordance with Section 17520 of the Family Code, or for verification by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application for initial or renewal license will not be processed, and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

**BUSINESS WITH MULTIPLE LOCATIONS**

If your business has seven (7) or more locations, you may establish your licenses as a chain. All locations in a chain have the same license expiration date. Licenses, renewal notices, renewal invoices and correspondence are mailed to one address of the chain's designation. No fee is required for the chain application, however, license fees are required for each location in the chain. To establish your businesses as a chain, please contact BHFTI Licensing.

**Keep this page for your reference. Do not mail with your application**

***If you have difficulty accessing any material on this application because of a disability, please contact us in writing or via telephone at the number or e-mail address listed at the top of the application and we will work with you to make the information available.***

<b>TERM:</b>	<b>DEFINITION:</b>
Upholstered Furniture (Section 19006)	Any furniture, including children's furniture, movable or stationary, which is made or sold with cushions or pillows, loose or attached, or is itself stuffed or filled in whole or in part with any material, is or can be stuffed or filled in whole or in part with any substance or material, hidden or concealed by fabric or any other covering, including cushions or pillows belonging to or forming a part thereof, together with the structural units, the filling material and its container and its covering which can be used as a support for the body of a human being, or his or her limbs and feet when sitting or resting in an upright or reclining position. This does not include furniture used exclusively for the purpose of physical fitness and exercise.
Bedding (Section 19007)	Any quilted pad, packing pad, mattress pad, hammock pad, mattress, comforter, quilt, sleeping bag, box springs, studio couch, pillow or cushion made of leather, cloth or any other material, which is or can be stuffed or filled in whole or in part with any concealed substance or material, which can be used by any human being for sleeping or reclining purposes.
Filling Material (Section 19007.5)	Cotton, wool, polyurethane foam, polystyrene beads, kapok, feathers, down, hair, liquid, or any other material, substance, or any combination thereof, loose or in batting, pads, or any other prefabricated form, concealed or not concealed to be used or that could be used in articles of bedding or upholstered furniture.
Registry Number (Title 4, CCR Section 1109)	The location of every manufacturer, custom upholsterer, sanitizer, supply dealer or importer who manufactures shall bear a separate registry number. A registry number uniquely identifies each location (branch house) of a licensed manufacturer, custom upholsterer, importer, sanitizer, or supply dealer. The registry number must appear on the law label that is attached to all upholstered furniture, bedding or filling materials.

<b>LICENSE TYPE:</b>	<b>DESCRIPTION:</b>
* Furniture and Bedding Manufacturer	Manufactures, upholsters, reupholsters, sanitizes, wholesales, retails and supplies filling material and fabrics for upholstered furniture and/or bedding products.
* Furniture and Bedding Wholesaler	Wholesales (for the purpose of resale) or retails upholstered furniture and/or bedding products.
* Furniture and Bedding Retailer	Retails both furniture and bedding products.
Furniture Retailer	Unless he/she holds one of the combination licenses marked * above, a furniture retailer shall hold a Furniture Retailer's license to retail furniture products.
Bedding Retailer	Unless he/she holds one of the combination licenses marked * above, a bedding retailer shall hold a Bedding Retailer's license to retail bedding products.
Sanitizer	Sanitizes bedding products, or filling materials. Every sanitizer, unless he or she holds a license as an upholstered furniture and bedding manufacturer, retail furniture and bedding dealer, retail bedding dealer, or a custom upholsterer, shall hold a sanitizer's license.
Supply Dealer	Supplies fabrics and filling material, concealed or not concealed, to be used or that could be used in or on upholstered furniture and/or bedding products.
Custom Upholsterer	Unless he/she holds a Furniture & Bedding Manufacturer's license, a custom upholsterer shall hold a Custom Upholsterer's license to repair, reupholster, re-cover, restore or renew upholstered furniture and retail articles of furniture.

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**DEPARTMENT OF CONSUMER AFFAIRS**  
**Bureau of Home Furnishings and Thermal Insulation (BHFTI)**  
**APPLICATION FOR LICENSE**



- Make checks or money orders payable to Bureau of Home Furnishings and Thermal Insulation.
- Checks or money orders must be from a United States bank in United States currency.
- **Do not send cash.**
- You must complete all information in Sections 1, 2, and 3 that applies to your business.
- To avoid delays in processing your license, an **original** signature is required.
- Licenses are issued for a 2-year period.
- Mail completed application form **and** fees to: PO Box 980580, West Sacramento, CA 95798-0580

**For Department Use Only**

Receipt #:

Fee:

File I.D. #:

Class or Type:

License #:

Registry #:

Please check the box that indicates the type of license you are applying for:

- |  |  |
|--|--|
| <input type="checkbox"/> (MFG) Furniture & Bedding Manufacturer, \$650 | <input type="checkbox"/> (A) Furniture Retailer, \$120 |
| <input type="checkbox"/> (WHL) Furniture & Bedding Wholesaler, \$540   | <input type="checkbox"/> (H) Bedding Retailer, \$120   |
| <input type="checkbox"/> (M) Furniture & Bedding Retailer, \$240       | <input type="checkbox"/> (B) Custom Upholsterer, \$360 |
| <input type="checkbox"/> (L) Sanitizer, \$360                          | <input type="checkbox"/> (E) Supply Dealer, \$540      |

**SECTION 1: Applicant Information- Please print neatly or type.**

1) Name of Business (DBA- as shown on invoices and advertisements)

2) Name of Applicant

3) Address of Business (Address of Record) City State Zip Code Country

4) Mailing Address (If Different from Address of Record) City State Zip Code Country

5) Area Code & Phone Number  
( ) -Area Code & Fax Number  
( ) -

Web Site Address (URL)

6) Corporate Name or Parent Company

7) Corporate Headquarters Address City State Zip Code Country

8) Contact Person e-mail Address

9) Have you or your firm ever held a license issued by the BHFTI? Yes ☐ No ☐  
License #Expiration Date:10) **SOLE PROPRIETOR/PARTNERSHIP:** Print owner's name(s), residence address(es), and social security number(s) (SSN).  
If a partnership, also list FEIN. (Attach additional sheets if necessary.)

(1)Name:

Residence Address: Number and Street

Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? **Yes** **No** If answer is yes, complete Item 13.**Application will not be processed if this section is not answered.**City State Zip Code Country Area Code & Telephone Number  
( ) -

SSN: FEIN: (If Partnership)

(2)Name:

Residence Address: Number and Street

Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? **Yes** **No** If answer is yes, complete Item 13.**Application will not be processed if this section is not answered.**City State Zip Code Country Area Code & Telephone Number  
( ) -

SSN: FEIN: (If Partnership)

11) <input type="checkbox"/> Corporation: Print names, titles and addresses of officers. (If additional space is needed, provide the information as an attachment.)				
Name:		Title or Position:		Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is yes, complete Item 13. <b>Application will <u>not</u> be processed if this section is not answered.</b>
Address: _____ City _____ State _____ Zip code _____ Country _____				
Name:		Title or Position:		Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is yes, complete Item 13. <b>Application will <u>not</u> be processed if this section is not answered.</b>
Address: _____ City _____ State _____ Zip Code _____ Country _____				
12) Have any of the applicants or persons listed in items 6, 8, 10 or 11 had any state license, certificate or registration revoked, suspended, denied or otherwise been the subject of disciplinary action by the Bureau of Home Furnishings and Thermal Insulation or any other state agency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
13) If you answered <b>YES</b> to having ever been convicted of a felony or misdemeanor in Items 10, 11 or answered YES to Item 12, give the particulars of each, including penal code sections and/or criminal case numbers. (Attach additional sheets if necessary)				
14) Have any of the applicants or persons named in Items 6, 8, 10 or 11 been: a member of any partnership, an officer or director of any corporation, or an officer or person acting in a managerial capacity at any firm or association when that partnership, corporation or firm's license was revoked or when that license was under suspension by BHFTI or another state agency? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered YES, explain the circumstances of the particular disciplinary action. Attach additional sheets as necessary.)				
15) Do you plan to use the registry number of another state? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please attach a copy of your valid license from the other state).				
16) Sales Tax Permit Number: _____ (Assigned by California State Board of Equalization) (California based business only)				
<b>SECTION 2: Please check all products below that you will be licensed to manufacture, wholesale, supply, retail, or sanitize under the Home Furnishings and Thermal Insulation Ac.</b>				
<b>Manufacture:</b>				
<input type="checkbox"/> Upholstered chairs	<input type="checkbox"/> Sofas	<input type="checkbox"/> Comforters/Pillows	<input type="checkbox"/> Rebuilt Mattresses	
<input type="checkbox"/> Futons	<input type="checkbox"/> Mattresses	<input type="checkbox"/> Polyurethane Foam	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Battings/Loose Fill	<input type="checkbox"/> Stacking Chairs	<input type="checkbox"/> Children's Furniture & Bedding		
<b>Wholesale:</b>				
<input type="checkbox"/> Upholstered chairs	<input type="checkbox"/> Sofas	<input type="checkbox"/> Children's Furniture & Bedding	<input type="checkbox"/> Rebuilt Mattresses	
<input type="checkbox"/> Futons	<input type="checkbox"/> Mattresses	<input type="checkbox"/> Polyurethane Foam	<input type="checkbox"/> Catalog/Internet Sales	
<input type="checkbox"/> Battings/Loose Fill	<input type="checkbox"/> Stacking Chairs	<input type="checkbox"/> Comforters/Pillows	<input type="checkbox"/> Other _____	
<b>Supply Dealer:</b>				
<input type="checkbox"/> Polyurethane Foam	<input type="checkbox"/> Cotton Batting	<input type="checkbox"/> Synthetic Batting	<input type="checkbox"/> Loose Fill	<input type="checkbox"/> Fabric
<b>Retail:</b>				
<input type="checkbox"/> Upholstered chairs	<input type="checkbox"/> Mattresses	<input type="checkbox"/> Rebuilt Mattresses	<input type="checkbox"/> Catalog/Internet Sales	
<input type="checkbox"/> Futons	<input type="checkbox"/> Stacking Chairs	<input type="checkbox"/> Children's Furniture & Bedding		
<input type="checkbox"/> Sofas	<input type="checkbox"/> Comforters/Pillows	<input type="checkbox"/> Other _____		
<b>Sanitize:</b> (Check the type of mattress sanitization method you will use)				
<input type="checkbox"/> Dry Heat	<input type="checkbox"/> Chemical Disinfectant			
<b>SECTION 3: Certification</b>				
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Additionally, I understand that upon licensure, I will be subject to all applicable laws and regulations enforced by the Bureau of Home Furnishings and Thermal Insulation.				
<b>Individual or Partnership:</b>		<b>Corporation:</b>		
Note: An application for Partnership must be signed by each partner.		Note: An application for a corporation must be signed by at least one of the corporate officers.		
Signature _____ Title _____		Signature _____ Title _____		
Print Name _____ Date _____		Print Name _____ Date _____		
Signature _____ Title _____		Signature _____ Title _____		
Print Name _____ Date _____		Print Name _____ Date _____		